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CITY OF



CARLISLE

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR 1962

BY

JAMES L. RENNIE

M.D., F.R.F.P.S. (Glas.), D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER

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Principal School Dental Officer	T. W. Gregory, L.R.C.P. & S.E., L.D.S. (Ed.)
School Dental Officers	
Miss J. Peaker, B.D.S.	
(To 9th March, 1962)	
Mrs. M. Herd, L.D.S., R.C.S.(Eng.), B.D.S.(London)	
(From 1st February, 1962)	
Mr. H. V. McKay, L.D.S.(Glasgow)—(Part-time)	
(From 25th January, 1962—10th August, 1962)	
Miss E. Rae, L.D.S.(Manchester)	
(From 8th August, 1962)	
Anaesthetist (Part-time)	R. L. McMillan, M.B., Ch.B., D.A.
Consultant Paediatrician	E. Ellis, M.A., M.B. B.Chir.,
(Cerebral Palsy) Part-time	D.C.H., etc.
Consultants :	
(By arrangement with Newcastle Regional Hospital Board)	
Ear, Nose and Throat Surgeon (Part-time)	R. S. Venters, M.B., Ch.B., F.R.C.S.
Ophthalmologist (Part-time)	A. T. G. Evans, M.R.C.S., D.O.M.S., (To 30th September, 1962)
	A. R. Wear, M.B., Ch.B., D.O. (From 1st October, 1962)
Orthopaedic Surgeons (Part-time)	W. McKechnie, M.B., Ch.B., F.R.C.S.
	J. C. Foster M.B., Ch.B., F.R.C.S.
Psychiatrist (Part-time)	A. O. A. Wilson, M.B., Ch.B., D.P.M.

Educational Psychologist	Miss M. Y. Cameron, M.A., Ed.B.
Psychiatric Social Worker	Mr. D. A. Macdonald, A.A.P.S.W., Cert. Soc. Studies. (To 31st October, 1962)
Teacher of Deaf	Miss L. Parr (To 17th April, 1962) Mrs. M. Parkinson (From 29th January, 1962)
Mental Health Worker	Miss E. Barnett, M.A., Cert. Soc. Sc.
Speech Therapist	Miss V. Atkins, L.C.S.T. (To January, 1962) Mrs. S. Latimer (Part-time) (February-August, 1962) Miss V. Hind, L.C.S.T. (From 3rd September, 1962)
Physiotherapist	J. M. Smith, M.C.S.P.
*Orthoptist (Part time)	Miss J. Modlin, D.B.O. (To March, 1962)
†Superintendent Health Visitor	Miss M. S. Moore, S.R.N., R.S.C.N., H.V. Cert.
Health Visitors	†Miss E. M. Armit, S.R.N., S.C.M., H.V. Cert. †Mrs. E. Broatch S.R.N., H.V. Cert. †Miss M. K. S. W. Carey, S.R.N., S.C.M., H.V. Cert. †Miss A. P. Cloudsley, S.R.N., H.V. Cert. †Mrs. R. M. Corbett, S.R.N., S.C.M., H.V. Cert., Q.N. †Miss I. Forsyth, R.G.N., S.C.M., H.V. Cert. †Miss A. Little, S.R.N., H.V. Cert. †Mrs. M. I. McGlone, S.R.N., S.C.M., H.V. Cert. †Miss R. Moscrop, S.R.N., H.V. Cert. †Miss W. G. Porthouse, S.R.N., S.C.M., H.V. Cert. †Miss J. M. Elliot, S.R.N., S.C.M., H.V. Cert.
School Nurse and Tuberculosis Visitor	Miss E. R. Ferguson, S.R.N., S.R.F.N., T.A., Cert.
Temporary School Nurse and Tuberculosis Visitor	Miss M. Yarker, S.R.N., S.C.M.
Temporary School Nurses	Mrs. D. M. Coates, S.R.N. Miss M. H. Hinder, S.E.N.
Dental Attendants	Mrs. M. Wilson Miss S. Hill Miss P. Rice.
Chief Administrative Assistant, Health and Welfare Department	Mr. L. Oates
Senior Clerk—	Miss M. H. Bowman
Clerks—	Miss M. M. Shovlin Mrs. A. Hudson Miss C. Metcalf. Miss F. J. Ralph
	† Combined duties as Health Visitor and School Nurse.
	* Engaged by Cumberland County Council and in the combined orthoptic scheme of Cumberland County Council, Carlisle County Borough and East and West Cumberland Hospital Management Committees.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting herewith my sixteenth Annual Report on the School Health Service of the City.

The work in this Service like that in other medical fields is constantly undergoing change and only by adapting it to altered circumstances can the best service be offered to the public. Routine Medical Inspections were formerly a sheet-anchor and in 1908 when the scheme was inaugurated they were certainly very necessary. They are still important but one must not regard the practice as sacrosanct and maintain them at the expense of more profitable procedures. A few years ago, we in Carlisle undertook four periodic examinations during a child's school life but experience has shown that this was unnecessary for the great majority of children and the number was reduced to three. We are now (as will be seen from the text), starting a trial scheme of selective examination of children in the intermediate group. This type of examination has been employed by other Authorities with success. As pointed out in previous reports the work at minor ailment clinics has greatly decreased and your medical officers have been able to devote the time saved at these clinics to children who need special attention.

The incidence of verminous conditions in a small hard core of inadequate families has from time to time caused anxiety and you will note in the body of the report that a special drive was instituted to cleanse these children. Unfortunately one cannot compel adults and teenagers in the same household to come for treatment and therefore many children become reinfested, but our new drill goes a long way to protect their clean school-mates.

Staff changes particularly among specialised officers such as speech therapists, orthoptists and dentists as a result of marriage etc., tend to be very frequent. While changes at reasonable intervals, by infusing new ideas into the service, can have a beneficial effect, too frequent changes disrupt continuity of treatment and this has been particularly noticeable over recent years so far as orthoptists and speech therapists are concerned.

The specialist clinics were continued as in previous years, the Consultants being seconded by the Hospital Authorities and all other staff being provided by the City Council.

Miss L. Parr, the Teacher of the Deaf, left on obtaining a more senior appointment in the South but we were fortunate in obtaining the part-time services of Mrs. Parkinson, a teacher of the deaf who had formerly worked with us and so continuity of hearing guidance was maintained.

The staff situation in the Dental Service was reasonably maintained and with the installation of a Dental X-Ray Unit at Eildon Lodge, the surgeries are now very well equipped.

One of the Health Visitors has been seconded for the major portion of her time to Health Education duties and with the co-operation of Head Teachers has given specialised instruction in some secondary schools. Health Education cannot however be expected to have much impact so far as cigarette smoking is concerned as long as adults set a bad example to the children.

In conclusion I should like to thank you for your support throughout the year, the Director of Education and his staff and all other officers of the Corporation for their co-operation, and lastly, but by no means least, the staff of the Health and Welfare Department on whose loyalty and industry the success of the Service depends.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

JAMES L. RENNIE,

Principal School Medical Officer.

STATISTICAL SUMMARY

The following is a summary of the work undertaken by the School Health Service of the City of Carlisle during the year.

Average No. on Rolls	...	...	...	...	...	11528
No. of Routine Medical Inspections	...	...	...	...	...	3316
No. of above children referred for treatment	...	...	...	...	...	744
No. of above children referred for observation	...	...	...	...	...	961
No. of Special Inspections	...	...	...	...	...	2260
No. of re-inspections	...	...	...	...	...	2890
Total No. of Inspections	...	...	...	...	...	8466
No. of parents present at routine Medical Inspections	...	...	...	...	...	2006
No. of visits to Schools by School Medical Officers	...	...	...	...	...	209
No. of visits to Schools by Health Visitors	...	...	...	...	...	828
No. of home visits by Health Visitors	...	...	...	...	...	494
No. of cases treated at Minor Ailment Clinics	...	...	...	...	...	823
No. of attendances at Minor Ailment Clinics	...	...	...	...	...	3197
No. of School visits paid by Dental Officers	...	...	...	...	...	34
No. of children examined by Dental Officers	...	...	...	...	...	5546
No. of children found to require dental treatment	...	...	...	...	...	4086
No. of children treated by School Dental Officers	...	...	...	...	...	1769
No. of visits to Schools paid by Educational Psychologist	...	...	...	...	...	199
No. of children examined by Educational Psychologist in School, at Clinic, or in their own homes	...	...	...	...	...	251
No. of family units dealt with by Psychiatric Social Worker	...	...	...	...	...	24
No. of children who received Speech Therapy at Clinic	...	...	...	...	...	64
No. of visits to H. K. Campbell Special School paid by Physiotherapist	...	...	...	...	...	68
No. of children treated by Physiotherapist in Special School for Physically Handicapped Children and at Orthopaedic Clinic	...	...	...	...	...	28

MEDICAL INSPECTIONS

Routine inspections still occupy a prominent place in the School Health Service though as explained in my last Annual Report attention to children at "special risk" is receiving much more emphasis. Some Authorities have commenced selective medical examination of children and your Medical Officers considered that the time was opportune for a pilot scheme of selective medical inspections being carried out in the City. Arrangements were accordingly made with the Head Teachers of Greystone Infant and Junior Schools (in an old part of the City) and Morton Infant and Junior Schools and Newlaithes Infants' School (in a new Housing Estate) for such a system of medical inspection to be inaugurated in 1963.

The trial scheme is now in operation and if successful will be extended to other schools in the City.

During the year, 3316 children were presented for periodic examination, 60 per cent of them being accompanied by their parents. No defect was observed in 1611 of these children, but in the remaining 1705 scholars, 2547 abnormalities were noted. In addition 2260 children were submitted for special examinations at the request of school teachers, school nurses, etc. The defects found at these periodic and special examinations are set forth in Table 1.

Eye tests were carried out on 909 pupils aged 7 years and as a result of these examinations 27 were referred to the eye specialist for treatment and 133 were noted for observation at subsequent visits.

TABLE 1.
FINDINGS OF MEDICAL INSPECTION

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Skin	81	44	221	2
Eye	252	448	96	141
Ear	300	158	102	124
Nose and Throat	64	251	70	41
Lymphatic Glands	4	77	—	13
Speech	14	28	25	2
Heart and Circulation	6	19	7	2
Lungs	27	43	10	2
Nervous System	12	11	2	2
Orthopaedic Defects	139	265	98	15
Other Defects and Diseases (excluding Dental Diseases and Uncleanliness)	62	242	437	7
Total	961	1586	1068	351

COMMUNICABLE DISEASE

INFECTIOUS DISEASES

During the year, 660 cases of infectious disease were brought to the notice of the Principal School Medical Officer by formal notification or otherwise. The incidence of the various diseases is shown in Table 2.

The City has now been free from diphtheria for 13 years, and this is due in great part to the high acceptance rate of diphtheria immunisation. Although the Health Visitors and general practitioners, as well as the Clinic doctors do a great deal of work encouraging parents to accept immunisation for pre-school children, a considerable amount of propaganda is necessary in the schools to ensure that a high degree of immunity against this disease is maintained in the school population. Only by maintaining such immunity can we have reasonable hope of preventing this disease attacking our children.

TABLE 2

Table 2 showing the incidence of the various infectious diseases in the school population.

Scarlet Fever	...	...	...	...	10
Measles	...	...	...	...	156
Whooping Cough	...	...	...	...	3
Pulmonary Tuberculosis	...	...	...	...	1
Food Poisoning (notified)	...	...	...	...	1
Dysentery	...	...	...	...	40
Pneumonia	...	...	...	...	—
Mumps	...	...	...	...	197
Chickenpox	...	...	...	...	252

CLEANLINESS

Uncleanliness causes your staff relatively much work in proportion to the number of offenders. There still remains in the schools in the City a small hard core of children from inadequate families with head lice who are responsible for most of the infestations. In an attempt to control spread it was decided to make a rapid attack on known offenders during the first week of each school term. Nurses visit the schools during this week and examine children from households where there has been previous experience of infestation and any other children referred by Head Teachers. Cleansing Notices and if necessary Orders under Sections 54 (2) and 54 (3) of the Education

Act, 1944, are issued to parents of all children found to have vermin or nits. This has resulted in clearing up, early in the term, gross cases of infestation and so helping to prevent spread to clean children. The routine cleanliness inspections follow later in the term. I am very grateful to Head Teachers for their co-operation in this scheme.

Official Cleansing Notices are issued only to families where there has been previous uncleanness. Where a normally clean child is found to have vermin an informal notice is sent to the parent in a sealed plain envelope.

Table 3 sets forth the results of the inspections throughout the year and it will be noticed that compared with 1961 there has been a considerable increase in the number of inspections but a drop in the total number of children found with verminous conditions.

TABLE 3

Table 3 shows the number of Cleanliness Inspections and the incidence of infestation in the school population as a result of these examinations.

Total number of examinations	...	...	24528
Number of individual children found to be infested with lice	...	...	314
Number found to be flea-bitten	...	...	10
Number of these allowed to continue at school under supervision	...	...	291
Number of children excluded from school			33
Number of individual children in respect of whom Official Cleansing Notices were issued	...	...	89
Number of individual children in respect of whom Official Cleansing Orders were issued	...	...	16

SPECIAL PROPHYLATIC MEASURES

Although the Health Committee is primarily responsible for these measures, many of them are carried out on School Clinic premises and arrangements for these procedures are usually made with the help of the Head Teachers to whom I am very grateful.

Diphtheria

A large percentage of school children are already immunised against diphtheria and parents are encouraged to allow their children to have reinforcing doses at appropriate intervals during their school life.

Tetanus (Lock Jaw)

Immunisation against this disease either by itself or combined with diphtheria prophylaxis is available to the school population.

Information about children who have had this treatment is sent to the Casualty Department at the Cumberland Infirmary where a register is maintained. This enables the Casualty Officer to give the appropriate treatment should the child be involved in an accident.

Poliomyelitis Vaccination

The oral vaccine has practically replaced the older Salk Vaccine which was given by injection. The response of parents to this form of prophylaxis has been extremely good and a high percentage of the school population has received treatment.

Prevention of Tuberculosis

The practice of offering a skin (Mantoux) test to all six year old children was continued. 602 children were so tested and 15 of them who showed a positive reaction were referred to the Chest Physician for full investigation.

B.C.G. Vaccination was offered to all children approaching school leaving age. As will be seen from Table 4 there has been a slight fall in the number of acceptances of this form of protection. Steps are being taken to counter this fall in the acceptance rate.

TABLE 4

Table 4 showing the number of children presented for B.C.G. vaccination, number found Mantoux positive and those who received the vaccine:—

No. of children skin tested	...	...	924
No. of above who gave positive reaction to Mantoux Test	...	...	106
No. who received B.C.G.	...	...	798

The Mass Radiography Unit was available for pupils over 15 years and all school teachers were encouraged to visit it. Table 5 showing the number of pupils (over 15) so examined since 1960.

TABLE 5

Table 5 showing the number of pupils (over 15 years) and teachers examined by the Mass Miniature X-ray Unit in the years 1960 to 1962.

	1960	1961	1962
No. of pupils examined ...	638 ...	599 ...	900
No. of teachers examined	167 ...	171 ...	178

MEDICAL TREATMENT

As indicated in my last Annual Report, the number of children attending the Medical Officers' sessions at the School Clinics continues to fall. This is due in part to each child having a family doctor and in part to the decrease in the incidence of contagious conditions which formerly accounted for many attendances. Your Medical Officers are thereby enabled to spend more time on prophylactic procedures and the investigation and ascertainment of handicapped children.

The main School Clinic is at No. 2 George Street, and provides for :—

- (1) Special inspections and examinations by School Medical Officers.
- (2) Minor Ailment Clinic.
- (3) Scabies, etc. Cleansing Station.
- (4) Immunisation and Vaccination Clinics.
- (5) Ophthalmic Clinic.
- (6) Orthoptic Clinic.
- (7) Ear, Nose and Throat Clinic.
- (8) Audiometric Clinic.
- (9) Speech Therapy Clinic.
- (10) Accommodation for Educational Psychologist.
- (11) Child Guidance Centre.

The Health Department Clinic at Eildon Lodge, 50 Victoria Place, provides on behalf of the Education Authority, facilities for :—

- (1) Priority Dental Services.
- (2) Orthopaedic Clinic.
- (3) Medical Officer's Special Examination Clinic.
- (4) Immunisation and Vaccination Clinics.

The Hearing Guidance Clinic is held at 28 Victoria Place.

The Clinic at Inglewood Infant's School is used for immunisation and vaccination sessions as well as for minor ailment clinics.

MINOR AILMENTS

The amount of medical treatment as opposed to specialised investigation carried out at the School Clinic remains restricted. During the year 817* pupils were treated and they made 3197 attendances.

In addition, 6 cases of scabies attended for advice and treatment ; all were treated at the Cleansing Centre.

* This figure includes children shown in Part III. ; Groups A, B, D and G of the Ministry Returns on pages 35 and 36.

DENTAL INSPECTION AND TREATMENT

By T. W. GREGORY, L.R.C.P.S., L.D.S.

Principal School Dental Officer

Our worst fears as to the staffing position in 1962 did not materialise. Mrs. Herd was able to remain with us for another six months and in the late summer Miss Rae commenced as a full-time Officer. We had, therefore, for the period under review, the equivalent of two and a half Dental Officers as compared with three and a fraction for the previous year.

The revelant figures, which can be seen on pages 36 and 37 indicate again the changing pattern in Public Dental Service, at least in a County Borough such as this. The conservative treatment has actually increased in spite of the smaller staff. More children are having a complete course of treatment, which is time-consuming. Again, the decrease in the number of teeth extracted is recorded. This is as it should be. One must however, bear in mind that there are in certain schools, pupils whose parents refuse treatment year after year and only visit a dentist when driven by suffering. In this case compulsion is out of the question and education is a long-term process. Some means of preventing or delaying the onset of dental caries offers the best hope of dealing with this class and indeed this applies generally.

Reference has been made in the report to the Health Committee concerning fluoridation of the water supply and

the resultant reduction in the incidence of dental caries, a project which has been occupying the attention of that Committee recently. As members of the Council most of you have also discussed this matter, and it is expected that before long a decision will be reached.

44 pupils were referred for radiological examination. The acquisition of an x-ray machine towards the end of the year will undoubtedly prove an advantage in future, enabling a picture to be obtained promptly and without an extra journey for the patient. Two pupils were referred to the Oral Surgeon for treatment and 17 to the Orthodontist of the Regional Hospital Board. Ten of the latter were taken on for treatment, in the case of the others, advice was given. In all, 78 pupils were treated by our own Dental Officers by means of appliances. 39 pupils were supplied with artificial teeth.

We are fortunate in continuing to have the weekly services of a Consultant Anaesthetist and in obtaining co-operation from your own Medical staff when required.

In conclusion, in addition to inspection and treatment of school children, we also devote a proportion of our time to Maternity and Child Welfare patients. This service was well maintained, and the time devoted to it was equivalent to 108 sessions.

SPECIALIST SERVICES

The provision of Specialist Services has been continued in conjunction with the Hospital Authorities. Ear, Nose and Throat; Eye; Orthopaedic; and Psychiatric (Child Guidance) Clinics have been conducted by hospital specialists in your clinics while Dr. Ellis the Medical Director of Percy Hedley School for Spastics has paid periodic visits to the City in connection with the ascertainment, treatment and control of children suffering from Cerebral Palsy and allied conditions. A "closed" Paediatric Clinic has been conducted at the Cumberland Infirmary by Dr. John Platt and your staff have been able to have the benefit of his help in difficult cases.

EAR, NOSE AND THROAT DEFECTS

Mr. R. S. Venters, F.R.C.S., held 12 sessions during the year at which he examined a total of 339 (307 school and 32 pre-school) children referred for a specialist's

opinion by a family doctor or a Local Authority Medical Officer with the family doctor's knowledge. A number of the children referred were those found to have some hearing loss at routine testing. 102 (91 school and 11 pre-school) children received surgical treatment at the City General Hospital while three school children were admitted for non-operative treatment. One pre-school child was supplied with a transistor hearing aid.

Hearing Tests

The aim of the department is to ascertain all deaf and partially hearing children at a very young age and almost all are discovered long before reaching school age. Nevertheless it is essential that all children be tested on entering school to ensure that no child with a hearing defect is allowed to continue without appropriate treatment and educational help. For this purpose a nurse who has had special training carries out pure tone sweep tests in all Infant Schools each term and all children suspected of any hearing loss are invited to the Clinic for proper investigation which includes full audiogram and examination by one of the School Medical Officers and if necessary referral to the Consultant with family doctor's knowledge.

Diagnostic tests were also made on pre-school children by the Teacher of the Deaf when the screening procedures carried out by the Health Visitors indicated a need for these or where the child was referred by a Consultant.

Table 6 gives the number of children affected by these procedures.

TABLE 6

No. of Schools sessions	...	...	...	...	50
No. of school children screened	...	...	...	...	1252
No. of pre-school children screened	...	...	...	...	13
No. of Clinic sessions	...	...	...	...	88
No. of above children who were found to require full Audiograms	...	...	...	...	260
Total No. of Audiograms carried out on these and other children, including repeats	...	...	...	...	401
No. of children referred to E.N.T. Specialist	...	...	...	...	49

Hearing Guidance

I am indebted to Mrs. M. Parkinson, Teacher of the Deaf, for the following report.

The work of screening and ascertainment is referred to in the previous section.

Of the eighteen deaf or partially hearing children in the City nine attend schools for the deaf, six attend City schools and three are of pre-school age.

In April the family of one of the pre-school children left Carlisle for Dundee where the child is now attending the school for the deaf as a day pupil. Another family with a deaf child of pre-school age moved to Carlisle from Barrow-in-Furness. The child has since been attending the clinic regularly with her mother to receive guidance. This child has also been attending the City Day Nursery for two days each week.

Three of the children attending City schools have been attending the clinic regularly for lipreading and remedial teaching. One of these children had made so much progress by the end of the year that he will no longer attend the clinic.

Visits have been made to several of the City schools attended by hard-of-hearing children to consult with Head and class teachers.

Eight extra district children attended the clinic regularly. Of these, two attend primary schools in Dumfriesshire, and two have been admitted to schools for the deaf at Boston Spa and Newcastle-upon-Tyne and four are pre-school children.

During the school holidays appointments have been made for City children at schools for the deaf to attend the clinic. Some of the parents brought their children's school reports with them and it was interesting to note the progress made from term to term.

Table 7 shows the work carried out by the Teacher of the Deaf at the Hearing Guidance Clinic.

TABLE 7

No. of City cases	...	...	...	...	18
No. of attendances	...	...	...	...	227
No. of extra-district cases	...	...	...	...	8
No. of attendances	...	...	...	...	144

OPHTHALMIC CLINIC

The ophthalmic clinic continued on the usual lines. There are more children requiring to attend this clinic than can be efficiently dealt with in one session per week but the numbers do not justify two sessions every week throughout the year. Sufficient specialist staff was available up to September to enable two sessions per week to be worked and the waiting list for appointments was practically abolished. In the Autumn owing to altered arrangements in the Hospital Service Dr. A. R. Wear took over the School Clinic which had been conducted in recent years by Dr. A. T. G. Evans.

During the year the Ophthalmologists held a clinic at George Street on 73 occasions. They examined 690 (635 school and 55 pre-school) children, the majority of whom were in attendance at maintained schools. Of the school children 165 were being examined for the first time, and 470 were being re-examined, generally to ascertain whether they required a change of spectacles. In 109 of the latter cases the existing spectacles were found satisfactory but among all others new spectacles were required in 402 cases. Of the school children examined 60 were found to be suffering from some degree of squint.

Orthoptic Treatment

Miss J. Modlin, Orthoptist, left in March, 1962 and since then it has been impossible to get a successor. It is very disappointing that no orthoptic treatment is being given at the moment. At March there were 17 children receiving treatment and 32 under observation (25 for occlusion).

ORTHOPAEDIC TREATMENT

Mr. William McKechnie, F.R.C.S., Edin., or Mr. J. C. Foster, F.R.C.S., held 22 sessions at Eildon Lodge at which 971 (555 school and 416 pre-school) children were examined. The School Orthopaedic Clinic provides for the long term follow up of school and pre-school children who do not require the resources of a hospital at each visit. It relieves the pressure on the hospital out-patient department as well as serving as a consultative centre.

Physiotherapy

I am indebted to Mr. J. M. Smith, the Physiotherapist, for the following report:—

During the year 28 school children and 7 pre-school children attended Eildon Lodge for treatment, and Table 8 sets forth the work undertaken.

Three of the school children and 5 pre-school children were referred by Orthopaedic Specialists from the Cumberland Infirmary.

TABLE 8

	SCHOOL		PRE-SCHOOL	
	No. of Children Treated.	No. of Treatments Given.	No. of Children Treated	No. of Treatments Given.
Flat Foot ...	11	102	... 4	26
Postural ...	5	29	... —	—
Spastics ...	7	364	... 2	69
Specials ...	4	113	... 1	42
U.V.R. ...	1	16	... —	—
	28	624	... 7	137

During the school terms two afternoon visits were made each week to the H. K. Campbell School for the treatment of children suffering from Cerebral Palsy.

In addition to physiotherapy treatment at the clinic, appliances worn by children are checked and forms of application for orthopaedic footwear and insoles are issued.

Owing to the shortage of Physiotherapists at the Cumberland Infirmary your officer was seconded for a number of sessions each week. This keeps him in touch with other aspects of physiotherapy not undertaken at a School Clinic and serves to integrate both services.

SCHOOL MENTAL HEALTH SERVICE

I am indebted to Miss Mary Y. Cameron, M.A., Ed.B., Educational Psychologist for the following report.

During the year 251 children (171 boys and 80 girls) were dealt with at the Child Guidance Centre. Of these, 126 (89 boys and 37 girls) were referred for the first time during this year, 22 (20 boys and 2 girls) were re-referred after having been previously discharged and 103 (62 boys and 41 girls) having been referred before January, 1962, continued to receive treatment.

Table 9 shows by whom the children were referred.

TABLE 9

	B.	G.	Total
Head Teachers	90	28	118
School Medical Officers ...	11	16	27
Children's Officer	4	3	7
General Medical Practitioners	22	12	34
Psychiatric Social Worker ...	2	4	6
Mental Welfare Officer ...	2	—	2
Parents	5	5	10
Speech Therapist	1	1	2
Probation Officers	13	1	14
Director of Education	1	—	1
School Nurses and Health Visitors	11	5	16
School Welfare Officer ...	1	2	3
Medical Consultant	7	1	8
Teacher of the Deaf	—	1	1
Other Sources	1	1	2
	<hr/> 171	<hr/> 80	<hr/> 251 <hr/>

It will be seen that as in previous years, Head Teachers refer more children than any other agency, though School Medical Officers and general medical practitioners together refer more than half as many, and there has been an increase in the small number referred by medical consultants. Most of those who come to the Centre by way of the schools, are sent in the first instance because they are failing in school work but it is not infrequently found that these children are emotionally disturbed and this disturbance is sometimes a contributory cause of school failure. Doctors, health visitors, and probation officers are the people to whom worried patients most readily turn for help and advice and this is reflected in the numbers they refer to the Centre.

Tables 10 and 11 show the distribution of age and intelligence respectively.

TABLE 10

Age in years	Under																Total
	2	2+	3+	4+	5+	6+	7+	8+	9+	10+	11+	12+	13+	14+	15+	16+	17+
Boys	...	—	1	3	4	12	17	26	24	17	10	13	17	11	13	2	—
Girls	...	1	2	2	3	6	5	6	16	5	5	9	4	6	5	3	1
Total	...	1	3	5	7	18	22	32	40	22	15	22	21	17	18	5	1
																	2
																	251

TABLE 11

I.Q.																	Total
	40+	50+	60+	70+	80+	90+	100+	110+	120+	130+	140+	150+	160+	170+	180+	190+	200+
Boys	...	1	5	11	18	39	35	26	16	9	3	2	2	167			
Girls	...	—	2	5	13	14	13	9	10	3	1	—	—	70			
Total	...	1	7	16	31	53	48	35	26	12	4	2	2	237			

14 children (4 boys and 10 girls) were not tested.

The greatest number are in the age group 7-9. This is the age at which transfers to York School usually take place and it is therefore the policy of teachers to refer for testing any child who seems to have more than ordinary difficulty in learning, hence the "bulge" at this point in the scale. The numbers remain fairly high in the early years of the secondary school where children are required to adapt to a different kind of environment and sometimes to a quicker pace of learning, and are at the same time struggling with the emotional difficulties of adolescence.

The average I.Q. is considerably below the average in the population as a whole (100). This is caused by the numbers of dull and backward children referred for preliminary testing before being ascertained as educationally subnormal. 24 children (16 boys, 8 girls) were referred to the School Medical Officer for this purpose. Tests of intelligence were administered to 61 children (42 boys, 19 girls), their parents were interviewed and offered advice, and where appropriate reports were sent to the school, the Children's Officer, or the Probation Officer, but no direct treatment was given.

The parents of 11 children (7 boys, 4 girls) refused to accept treatment or ignored appointments and the parents of four others (3 boys, 1 girl) proved unco-operative after treatment had been started.

Tables 12 13 and 14 indicate the symptoms exhibited by those children who attended the Centre.

TABLE 12

	Boys	Girls	Total
General Backwardness	13	2	15
Backwardness in Reading	23	3	26
Backwardness in Arithmetic	—	—	—
Backwardness in Spelling	—	—	—
Backwardness in English	—	—	—

TABLE 13

	Boys	Girls	Total
General Instability	1	2	3
Anxiety and Obsessional States	16	13	29
Enuresis and Soiling	26	21	47
Emotional Retardation and Regression	1	1	2
Unmanageable Behaviour	12	8	20
Aggression and Temper Tantrums	5	2	7

TABLE 14

	Boys	Girls	Total
Truancy	11	4	15
Irregular Attendance	2	3	5
Pilfering	21	1	22
Untruthfulness	19	1	20
Malicious Mischief	4	1	5
Sexual Misbehaviour	2	3	5

Few children showed only one symptom. An explanation of some of the terms used may be helpful. "General backwardness" is relative and includes both the child in primary school whose progress is slower than it need be and the highly intelligent boy or girl in the secondary school who is doing fairly well but is not working to the limits of his or her ability. In the same way "unmanageable behaviour" includes both the unruliness of the young child who has been allowed to get out of hand and the wilfulness of the adolescent in revolt against authority. "Truancy" refers to absence from school without the parents' knowledge, "irregular attendance" to absence with the parents' consent, sometimes because of illness, sometimes for less acceptable reasons. That 26 children received help with reading and none with arithmetic does not mean that no children are backward in arithmetic but only that inability to read not only hinders the learning of most other subjects but is so grave a social handicap that it often gives rise, especially in the older child, to emotional disturbance. Although not all those who had been guilty of delinquent acts had appeared in the Juvenile Court, eight were on probation.

In 12 cases (6 boys, 6 girls), physical factors were prominent either as symptoms or causes. These include children who had been severely handicapped by injury (in one case the loss of an eye) and those who suffered from psycho-somatic disorders, such as asthma or hysterical paralysis.

For half the year, the Child Guidance Service has had the benefit of two psychiatrists and this has made it possible for a larger number of children to receive not only psychiatric examination but psychiatric treatment, in some cases over a long period. The aim of having every child who is called to the Centre examined by a psychiatrist was envisaged for the first time, though not as yet realised. Dr. A. O. A. Wilson was on special leave from Sept. until late

December and Dr. Begg, Medical Superintendent of Garlands Hospital kindly undertook the duties of Clinic Director. Dr. Gallacher joined the Child Guidance staff in April, 1962.

The Child Guidance team was greatly strengthened by having a psychiatric social worker, Mr. D. McDonald, until October when he left to take up an appointment in Lichfield. His place has been taken by Miss Barnett, who undertakes the work of visiting the homes and advising the parents in addition to her duties as Mental Welfare Officer.

Table 15 shows how the psychologist's time was allocated. Only a small number of home visits were necessary as the psychiatric social worker did most of this work.

TABLE 15

Psychological Investigations

(a) By test	...	...	...	141	} 214
(b) By parent-interview	...	...	...	73	
Visits to the Centre for educational and other therapy	...	...	...	470	
Visits to the Centre for play therapy	...	...	...	94	
Visits of parents to the Centre	...	...	...	264	
Visits to homes	...	...	...	24	
Visits to school	...	...	...	199	

A small group attended for play therapy during the first two terms and the children forming it were ready to be discharged early in July. Another was gradually formed in the autumn and will continue after Christmas.

As in past years, close co-operation has been maintained with the head teachers, the school medical officers and health visitors, the school welfare officers, the probation officers, the children's officer and increasingly with the general medical practitioners, without whose support the work of the Centre would be largely ineffective.

SPEECH THERAPY CLINIC

For the greater part of the year we were without a full time Speech Therapist. Miss V. Hind took up her duties in September, 1962. The position at 31st December is shown in Table 16.

TABLE 16

	B.	G.	Total
Receiving treatment	37	15	52
Under observation and review ...	30	6	36
Awaiting treatment	12	7	19

HANDICAPPED CHILDREN

Ascertainment of children requiring special educational treatment once again occupied much of the time of the School Medical Officers.

Table 17 sets forth the type of special education provided for City Children.

TABLE 17

In special residential schools for the Partially Sighted	3
In special residential schools for the Deaf	4
In special residential schools for the Partially Hearing	5
In special residential schools for Epileptic children	1
In special residential schools for Mal-adjusted children	1
In special day school for Educationally Sub-normal Children on 31st December, 1962	115
In residential special schools for Educationally Sub-Normal Children ...	5
In H. K. Campbell Special Day School for Physically Handicapped Children on 31st December, 1962	51
No. of children who received education from Peripatetic Teacher throughout the year :—	
In Cumberland Infirmary ...	3
In their own homes	10

55 children of school age suffered from severe sub-normality and were unsuitable for education in a school. 19 of these children were in institutions and the remainder with the exception of 3, attended the Junior Training Centre provided by the Local Health Authority.

Dr. E. Ellis visited the City on two occasions. He held assessment and supervisory clinics for children suffering from Cerebral Palsy and allied conditions and examined 17 children.

H. K. CAMPBELL SPECIAL DAY SCHOOL FOR PHYSICALLY HANDICAPPED CHILDREN

The number of pupils with physical handicaps requiring admission to this school has remained low. There were 47 children on the register in January, 18 were admitted to and 14 discharged from the school leaving the number of pupils at the end of December at 51. The average length of attendance of pupils was 2 years 11 months.

Table 18 indicates the type of condition which necessitated the child's requiring special educational treatment.

TABLE 18

Tuberculosis—					
Pulmonary (non-infectious)	...	...	...	...	2
Non-pulmonary	...	...	...	...	—
Bronchitis and Asthma	...	...	...	...	10
Debility	...	...	...	...	9
Heart Disease	...	...	...	...	8
Orthopaedic Defects including Spastics	...	...	...	...	13
Myopia and Partial Blindness	...	...	...	...	3
Muscular dystrophy	...	...	...	...	3
Haemophilia	...	...	...	...	1
Poliomyelitis	...	...	...	...	2
Bronchiectasis	...	...	...	...	2
Enuresis	...	...	...	...	1
Coeliac Disease	...	...	...	...	2
Encephalitis	...	...	...	...	1
Apraxia	...	...	...	...	1
Aphasia	...	...	...	...	1
Epilepsy	...	...	...	...	3
Hiatus Hernia	...	...	...	...	1
Neurosis	...	...	...	...	1
Nephritis	...	...	...	...	1

The physiotherapist visited the School twice weekly when he gave treatment to spastic and other children. Ten children had the benefit of this treatment and 68 visits were paid to the School.

PHYSICAL EDUCATION

I am indebted to Miss B. M. Bromley, Adviser in Physical Education, for the following report—

The routine work has progressed satisfactorily in the City schools during the past year. All schools are now equipped with agility apparatus and small apparatus. In the primary schools, lessons vary from agility on the apparatus to skills with small apparatus and movement. With a small exception most children are suitably attired for their lesson but to get all children to change adequately in bad weather is still a difficulty. This is, of course, understandable where no indoor facilities exist and there are still many of our older schools which are without a gymnasium or yet a hall for their physical education. In the case of most of these schools work has to be confined to games, without the basic movement training learnt in the gymnasium.

It had been anticipated that the new Grammar School gymnasium would be in use during 1962, but building has been slow and it is now anticipated that this part of the new extension will be completed by the Summer Term, 1963.

Playing Fields.

The standard of upkeep of the school fields has continued to improve. No new areas have been added to the present acreage but two new hard courts have been laid for use by the High School to replace the hard area lost in the building of the new dining hall. It is hoped to add further to this area in the near future. The Authority now has ten hard courts for use by secondary schools of the City. The remaining schools without their own courts all have the opportunity of using public courts owned by the Corporation.

The athletic track had its first full season of use and schools within easy distance of the Sheepmount made use of the facilities every afternoon and some mornings. Five major sports meetings were held on the track in 1962 apart from many other meetings by individual schools for their own sports day.

Boys and girls from the City have been selected to play for the County in football, rugby, hockey, netball, and athletics, and have had the opportunity to widen their experience in a higher standard of competition.

Swimming.

For the second year running the Carlisle team of girls won the Northern Counties Schools Girls Championship at Newcastle-under-Lyme. Two girls and one boy swimming for their division also won first place medals at the All-England Championships.

All our schools swim both summer and winter. Many of them hold their own school galas as well as competing in the City galas which are held during the year.

The intensive swimming scheme in the primary schools has continued to progress and the percentage of 64.2 children taught to swim was the highest average since the scheme started. This does not include the number of children already capable of swimming who receive more advanced training.

Royal Life Saving Awards	...	...	...	68
Proficiency Certificates	...	...	...	22
Amateur Swimming Association Awards	...	...	...	39
City Certificates, 1st Class	...	...	...	206
2nd Class	...	...	...	268
3rd Class	...	...	...	577

Courses.

Teachers' courses were held during the year in tennis and athletics. Pupils courses were run during the holiday periods at Christmas and Easter at Harraby Secondary School in soccer, athletics, tennis and cricket. For the first time in the City a Keep-Fit Rally was held. More than seventy women attended for the afternoon and evening sessions.

Outdoor Activities.

Perhaps the greatest development during the year has been in this wider aspect of the school curriculum. The Authority has not considered it advisable to have its own centre but have agreed to an extended use of the Y.M.C.A. Centre at Lakeside, Windermere. All but three secondary schools have had the opportunity of sending pupils to this centre during the past year. Three hundred pupils have spent a week doing an introductory course involving canoeing, rock-climbing, an over-night hike, map reading, compass work and other allied subjects.

Ten pupils excelling in this side of further physical education were selected by a panel to go on the Outward

Bound Courses in Devon, Aberdovey and Ullswater. Another group of ten boys attended a forestry course at Lakeside in the spring, whilst yet another school took one hundred boys to camp on the adjacent site at Lakeside.

York School continues to develop the cottage acquired for outdoor activities and as a school project.

In conclusion I must express my appreciation to the Education Authority which has assisted in every way to educate the young person with a varied and wide number of activities, which will assist him in finding a lasting interest to pursue once he has left school and later through life.

PROVISION OF MILK AND MEALS IN SCHOOLS

MILK

The majority of children take milk in school. On a set day in September, 1962, it was found that 8687 or 75.3% of scholars had partaken of milk. This compares with 8,700 or 80.4% in 1961 and 8552 or 78.9% in 1960.

MEALS

Only a proportion of pupils take school meals. In Carlisle a large proportion of workers can go home for a mid-day meal and it is therefore not surprising that the children go home for a main meal at that time. On a set day in September a census of those taking school dinners was made and the results with comparative figures for 1961 are shown below.

		Free		Paid		Total	Percentage
		Meals		Meals			taking
							Dinner
1961	...	586	...	3335	...	3921	...
1962	...	656	...	3960	...	4616	...
							36.3
							40.0

CO-OPERATION OF VOLUNTARY BODIES

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Close co-operation is maintained between the officer of this Association and the staff of the School Health Department, and any information available is freely exchanged.

CHILDREN'S SUNSHINE HOME, ALLONBY

This Home provided 45 children with a fortnight's holiday, and acknowledgments are tendered to the members of the Carlisle Rotary Club for the conveyance of the children to and from Allonby.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

180 boys and 15 girls were referred for certification of fitness for employment under the Bye-laws in respect of employment of children and street trading, and all were found to be fit for employment.

EXAMINATION OF TEACHERS

47 candidates for appointment as Teachers by the Local Education Authority were examined, all of whom were found to be medically fit.

During the year the staff of this department examined and reported on 45 entrants to teachers' training colleges.

HOME VISITING

494 home visits were made by the Health Visitors in their capacity as School Nurses.

DEATHS OCCURRING IN SCHOOL CHILDREN

It is with regret I have to report the deaths of 6 school children. None was due to accidents.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Form 7, 7M. and 11 Schools ... 11652

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected.	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATISFACTORY		UNSATISFACTORY		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	24	24	100	—	—	—	8	8
1957	783	778	99.4	5	.6	18	180	185
1956	73	71	97.3	2	2.7	3	19	19
1955	1	1	100	—	—	—	1	1
1954	—	—	—	—	—	—	—	—
1953	1	1	100	—	—	—	—	—
1952	1	1	100	—	—	—	—	—
1951	1022	1016	99.4	6	.6	77	171	238
1950	33	33	100	—	—	4	3	7
1949	6	6	100	—	—	—	—	—
1948	1054	1044	99.1	10	.9	33	153	222
1947 and earlier	318	318	100	—	—	30	37	64
TOTAL	3316	3293	99.3	23	.7	215	572	744

TABLE B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	2260
Number of Re-inspections	...	...	2890
			<hr/>
Total	...	...	5150
			<hr/>

TABLE C.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	24528
(b) Total number of individual pupils found to be infested	...	...	...	...	324
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	89
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3). Educaton Act, 1944)	...	...	...	...	16

PART II.—DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	14	9	46	23	21	12	81	44
5	Eyes—								
	a. Vision	21	22	113	240	81	156	215	418
	b. Squint	24	6	2	4	2	13	28	23
	c. Other	2	1	3	5	4	1	9	7
6	Ears—								
	a. Hearing	7	21	7	2	5	3	19	26
	b. Otitis Media	3	5	2	11	4	13	9	29
	c. Other	76	28	93	33	103	42	272	103
7	Nose and Throat	43	157	7	40	14	54	64	251
8	Speech	12	19	2	4	—	5	14	28
9	Lymphatic Glands	2	66	—	7	2	4	4	77
10	Heart	2	9	1	7	3	3	6	19
11	Lungs	6	15	13	22	8	6	27	43
12	Developmental—								
	a. Hernia	3	1	—	1	—	—	3	2
	b. Other	11	50	7	8	13	63	31	121
13	Orthopaedic—								
	a. Posture	—	5	1	13	1	12	2	30
	b. Feet	21	25	12	23	18	10	51	58
	c. Other	42	42	21	83	23	52	86	177
14	Nervous System—								
	a. Epilepsy	2	—	2	1	—	—	4	1
	b. Other	2	4	2	2	4	4	8	10
15	Psychological—								
	a. Development	—	8	—	22	1	19	1	49
	b. Stability	1	14	1	7	1	5	3	26
16	Abdomen	1	—	—	—	1	1	2	1
17	Other	2	9	15	23	5	11	22	43

TABLE B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring treatment (3)	Pupils requiring observation (4)
(1)	(2)		
4	Skin	221	2
5	Eyes—		136
	a. Vision	59	
	b. Squint	4	3
	c. Other	33	2
6	Ears—		97
	a. Hearing	27	
	b. Otitis Media	15	16
	c. Other	60	11
7	Nose and Throat	70	41
8	Speech	25	2
9	Lymphatic Glands	—	13
10	Heart	7	2
11	Lungs	10	2
12	Developmental—		
	a. Hernia	1	—
	b. Other	3	—
13	Orthopaedic—		
	a. Posture	1	—
	b. Feet	30	3
	c. Other	67	12
14	Nervous System—		
	a. Epilepsy	2	—
	b. Other	—	2
15	Psychological—		
	a. Development	36	—
	b. Stability	3	1
16	Abdomen	—	1
17	Other	394	5

PART III.—TREATMENT OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	46
Errors of refraction (including squint) ...	534
Total	580
Number of pupils for whom spectacles were prescribed	402

TABLE B.—DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis	89
(c) for other nose and throat conditions	10
Received other forms of treatment	354
Total	457
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1962	—
(b) in previous years	13

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out- patients departments	397
(b) Pupils treated at school for pos- tural defects	—
	397

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part 1.)

	Number of cases known to have been treated			
Ringworm—(a) Scalp	—
(b) body	2
Scabies	6
Impetigo	31
Other skin diseases	269
Total	308

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated	
Pupils treated at Child Guidance clinics	...	97

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated	
Pupils treated by speech therapists	...	64

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with	
(a) Pupils with minor ailments	...	409
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	1
(c) Pupils who received B.C.G. vaccina- tion	...	798
(d) Other than (a), (b) and (c) above. Please specify:	...	—
Total (a)-(d)	...	1208

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Forms 7.M. and 11 Schools: 11652.

(a) Dental and Orthodontic work.

1. Number of pupils inspected by the Authority's Dental Officers:—

1. At Periodic Inspections	...	4651	} Total 1.	5546
11. As Specials	...	895		
11. Number found to require treatment	...	...	4086	
111. Number offered treatment	...	...	3542	
IV. Number actually treated	...	...	1769	

(b) Dental work (other than orthodontics). (NOTE: Figures relating to orthodontics should not be included in Section (b).)

1. Number of attendances made by pupils for treatment excluding those recorded at (c) 1 below. 6380

11. Half days devoted to:

1. Periodic (School)

Inspection	34	} Total 11.	1085
11. Treatment	1051		

111. Fillings:

1. Permanent Teeth	4799	} Total 111.	5550
11. Temporary Teeth	751		

IV. Number of Teeth Filled:

1. Permanent Teeth	3850	} Total IV.	4490
11. Temporary Teeth	640		

V. Extractions:

1. Permanent Teeth	728	} Total V.	2224
11. Temporary Teeth	1496		

VI. Administration of general anaesthetics for extraction

... .. 828

VII. Number of pupils supplied with artificial teeth 39

VIII. Other operations:

1. Permanent Teeth	1147	} Total VIII	1227
11. Temporary Teeth	80		

(c) Orthodontics

1. Number of attendances made by pupils for orthodontic treatment	... ..	622
11. Half days devoted to orthodontic treatment	...	82
111. Cases commenced during the year	... ..	41
1V. Cases brought forward from the previous year		44
V. Cases completed during the year	... ..	35
VI. Cases discontinued during the year	... ..	16
VII. Number of pupils treated by means of appliances		78
VIII. Number of removable appliances fitted	...	67
IX. Number of fixed appliances fitted.	... ..	—

